

**2006 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Feb 09, 2006 08:00 AM**  
**Secretary of State**

DOCUMENT # P04000104317

1. Entity Name

THE SHELTON BRYAN COMPANIES, INC.



Principal Place of Business

1 INDEPENDENT DR SUITE 3201  
JACKSONVILLE, FL 32202

Mailing Address

1 INDEPENDENT DR SUITE 3201  
JACKSONVILLE, FL 32202



01112006 No Chg-P CR2E034 (11/05)

4. FEI Number

20-1382401

Applied For

Not Applicable

5. Certificate of Status Desired



**\$8.75** Additional  
Fee Required

**DO NOT WRITE IN THIS SPACE**

6. Name and Address of Current Registered Agent

CHUNN, DOUGLAS D  
1 INDEPENDENT DR SUITE 3201  
JACKSONVILLE, FL 32202

**DO NOT WRITE  
IN THIS SPACE**

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reissuing)

DATE

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2006 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution.



**\$5.00** May Be  
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE

MR.

NAME

BRYAN, SHELTON C

STREET ADDRESS

1 INDEPENDENT DRIVE, SUITE 3201

CITY - ST - ZIP

JACKSONVILLE, FL 32202

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

TITLE

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U000000425685  
02/20/06-80011-022 150.00

**DO NOT WRITE  
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath, that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

SHELDON BRYAN

Date

Daytime Phone #